

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Winamac		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13th St Winamac, IN 46996	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45666</p> <p>Based on record review and interview, the facility failed to ensure there were 8 hours of consecutive RN (Registered Nurse) coverage for 9 out of 20 days reviewed. This had the potential to affect all 27 residents in the facility.</p> <p>Finding includes:</p> <p>On 9/6/24 at 11:21 a.m., the Nursing Staff Schedules dated 8/18/24 through 9/6/24 were reviewed. There was no RN scheduled for 8/18/24, 8/20/24, 8/21/24, 8/22/24, 8/23/24, 8/27/24, 8/31/24, 9/1/24, and 9/6/24.</p> <p>During an interview on 9/6/24 at 11:49 a.m., the Administrator indicated there was not 8 hours of RN coverage on the above dates.</p> <p>3.1-17(b)(3)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Winamac		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13th St Winamac, IN 46996	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32664</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was prepared in form to meet individual needs related to not making pureed food the correct consistency. This had the potential to affect the 2 residents who received a pureed diet.</p> <p>Finding includes:</p> <p>On 9/5/24 at 11:27 a.m., [NAME] 2 was observed preparing pureed food. She indicated she was going to puree 3 servings of [NAME] Dogs (hot dog with a meat sauce).</p> <p>She placed 3 hot dogs with an unmeasured amount of meat sauce into the blender and blended. She poured the mixture out into a container and indicated it was finished. The cook was asked how she was sure if there were no hot dog chunks in the puree. She then proceeded to take a fork and stir up the puree. There were visible chunks of hot dog still observed. The cook then poured the mixture back into the blender and added an unmeasured amount of water to the blender and blended. She poured the mixture back into another container. She stirred the container with a fork and indicated it was smooth. The container was still observed with chunks of hot dogs. The cook was interviewed if she saw the chunks of hot dog. She indicated no and then she stirred the container again and acknowledged there were still chunks of hot dog in the container. She poured the mixture back into the blender again and added an unmeasured amount of water to the blender and blended. She poured the mixture into a container, stirred it around with a fork, and the food was smooth with no chunks.</p> <p>During an interview after the observation, [NAME] 2 indicated they did not have any puree recipes to follow. The staff followed a food and liquid consistency chart. The chart did not say how much or what liquid to use in pureed food.</p> <p>During an interview on 9/5/24 at 12:57 p.m., the Dietary Manager (DM) indicated the cook should have made sure there were no chunks of hot dog in the puree before indicating she was completed with the puree. The facility did not have any puree recipes. The Dietician told them it did not matter what liquid they used to reach the proper consistency.</p> <p>A recipe, titled [NAME] Dog and received as current from the DM, indicated, .Notes: 1. Pureed Level 4: Smooth texture, NO lumps .</p> <p>3.1-21(a)(3)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Winamac		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13th St Winamac, IN 46996	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32664</p> <p>Based on observation, interview, and record review, the facility failed to ensure a sanitary kitchen related to expired foods, undated and/or unlabeled food, and foods open to air in the refrigerator and freezer. The facility also failed to ensure a cook cleaned a food thermometer probe correctly before checking temperatures of food. This had the potential to affect 27 residents who received meals prepared in the kitchen.</p> <p>Findings include:</p> <p>1. On [DATE] at 10:46 a.m., during the initial kitchen tour with [NAME] 1, the following was observed:</p> <p>a. First refrigerator</p> <ul style="list-style-type: none"> - There were 3 bags of lettuce. The best by used date was [DATE]. - There was a sealable bag of chicken [NAME] dated [DATE]. The use by date was [DATE]. - There was a sealable bag that was open to air. The bag contained scrambled eggs and was dated [DATE]. <p>b. First freezer</p> <ul style="list-style-type: none"> - There was a sealable bag with an unknown meat in the bag. There was no label on the bag that included the contents or when it was frozen. <p>During an interview at the time of the tour, [NAME] 1 indicated she had not worked for the past couple of days and the items should have been labeled or thrown out when they expired.</p> <p>A sheet titled, Labeling and Dating and provided as current from the Dietary Manager, indicated, .The date the product must be consumed or discarded may not exceed the manufacturer's use-by-date .</p> <p>45666</p> <p>2. On [DATE] at 11:58 a.m., [NAME] 2 was observed checking temperatures of the meal being served for lunch. She began by washing her hands with soap and water. She wiped the food temperature probe with a sanitation wipe and proceeded to check the temperature of a hot dog. She removed the probe, wiped it with a new sanitation wipe, and checked the temperature of the [NAME] dog sauce. She repeated this process to check the temperature of mashed potatoes, the [NAME] dog puree, green beans, and pureed green beans. [NAME] 2 then checked the temperature of a hamburger, removed the probe, and then placed the probe directly into a soft bite-sized hot dog. She repeated this process for checking the temperatures of french fries, [NAME] dog sauce, and pureed [NAME] dog sauce without sanitizing the temperature probe between uses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Winamac		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13th St Winamac, IN 46996	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 12:05 p.m., [NAME] 2 indicated she needed to sanitize the temperature probe between each use, and she wanted to wash it. She proceeded to wipe the temperature probe with a cloth located inside of a sanitizer bucket.</p> <p>During an interview on [DATE] at 11:36 a.m., the Dietary Manager indicated the temperature probe should have been wiped in between each use and she would provide some in-servicing to her staff.</p> <p>A Policy titled, Proper Use of a Food Thermometer, indicated, Probe Thermometer .Thermometer is cleaned and sanitized before use. Thermometer is inserted, up to the dimple, into the thickest part of the food. Thermometer is left in the food item until the needle has stopped moving .Thermometer wiped with sanitizing wipe and allowed to dry before inserting into the next food item.</p> <p>3XXX,d+[DATE](i)(3)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2024
NAME OF PROVIDER OR SUPPLIER Hickory Creek at Winamac		STREET ADDRESS, CITY, STATE, ZIP CODE 515 E 13th St Winamac, IN 46996	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32664</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices and standards were maintained, related to staff touching pills during medication administration for 1 of 12 residents observed during medication administration. (QMA 1, QMA 2, and Resident 9)</p> <p>Findings include:</p> <p>1. On 9/4/24 at 11:33 a.m., QMA 1 was observed preparing Resident 9's medications. She popped one tamulosin (medication to improve urination) capsule from the medication card into her hand. She then opened up the capsule with her hands and poured the medication into a cup and administered the medication.</p> <p>During an interview at the time, QMA 1 indicated she normally just opened up the capsules with her hands and did not wear gloves.</p> <p>2. On 9/5/24 at 12:37 p.m., QMA 2 was observed preparing Resident 9's medications. She popped one tamulosin capsule from the medication card into her hand. She then opened up the capsule with her hands and poured the medication into a cup and administered the medication.</p> <p>During an interview at the time, QMA 2 indicated she normally wore gloves when she opened the medication capsules.</p> <p>During an interview on 9/5/24 at 3:04 p.m., the Assistant Director of Nursing indicated the staff are expected to apply gloves and not to touch pills with their hands.</p> <p>A Skills Competency checklist titled, Medication Administration (Medication Pass Procedure) and received as current from the Director of Nursing, indicated, .5. Medications are opened without contaminating .</p> <p>3.1-18(b)</p>		